

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048017

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **249**

Primary Registration District No. **3056**

Registrar's No. **311**

FILED JAN 4 1963

1. PLACE OF DEATH

a. COUNTY **Randolph**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Moberly**

Length of stay in lb
11 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Community Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Chariton**

c. CITY OR TOWN **Musselfork township** Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
10 miles NW of Salisbury Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Florence Edna Smith

4. DATE OF DEATH
Month Day Year
Dec. 13, 1962

5. SEX
female

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9/11/1912

9. AGE (last birthday)
50

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY
home

11. BIRTHPLACE (City and state or country)
Hamden, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William Hector McSparren

13b. MOTHER'S MAIDEN NAME

Mabel Wilson

14. NAME OF HUSBAND OR WIFE

Austin Vivian Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mr. Austin Smith, Keytesville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Medullary failure**

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) **Atypical pneumonia**

DUE TO (c) **Diabetes mellitus**

INTERVAL BETWEEN
ONSET AND DEATH

17 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Nov. 28, 62** to **Dec. 13, 62** and last saw her alive on **12-13-62**
Death occurred at **4: 30 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

G. Noel Rainis

(Degree or title)

22b. ADDRESS

D.O. Moberly, Missouri

22c. DATE SIGNED

12-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE

12/16/62

23c. NAME OF CEMETERY OR CREMATORY

McCurry Cemetery

23d. LOCATION (City, town, or county)

Chariton County, Mo.

(State)

24. FUNERAL DIRECTOR

Chas. B. Winkelmeyer, Salisbury, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-15-62

26. REGISTRAR'S SIGNATURE

Leah Wilson

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10887

20210

3

4 1

5 1

6

7 0

8 0

9260X

10

11

12 1-2

13 1-0

JAN 9 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Donald W Berry, Student Embalmer No. 674
working under my personal supervision.

Student

Donald W Berry
Signature of Student Embalmer

Signed

Chas B Winkelmeyer

Licensed Embalmer No.

3842

P. O. Address

Salisbury, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.